GOVERNMENT OF NEWFOUNDLAND & LABRADOR
DEPARTMENT OF FINANCE
OPERATIONAL MANAGEMENT & STRATEGIC PLANNING DIVISION

<u>CUSTOMER MAINTENANCE FORM</u>

Customer Number

Tax Remitter Number (For Finance-Tax Administration Use Only)

<table>
<tr><td>

<u>Action Required</u>

____   Add a New Customer
____   Add a New Customer Site
____   Change the Name of an Existing Customer
____   Change the Address of an Existing Customer
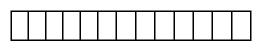____   Inactivate a Customer Number

OPTIONAL
Contact Name _____
Title _____
Telephone Number _____
Fax Number _____

</td><td>

FOR CROWN LANDS USE ONLY:
LEASE TRANSFER ____ YES ____ NO
TRANSFER DATE _____
REGION _____
  Lease Number _____
Receipt Number _____
Receipt Date   _____
Payment Amount on Acct _____
Inactivate C/L Lease Number _____
GRANT _____

</td></tr>
</table>

Customer Name

Location (Departmental Identifier)

<u>Address</u>
      Line 1

      Line 2

      Line 3

      City

      Province/State

      Country   **Postal/Zip Code**

Department Name: _____

Requested By: _____   **Phone Number:** _____

Approved On: _____   **Approved By:** _____

Instructions for Completing the Customer Maintenance Form

1.   General:
This form should be completed when a department requires a customer number to be added, modified or removed from the Oracle Financial System. This allows the department to process invoices for Accounts Receivables. It should be completed and approved and then forwarded to the Operational Management & Strategic Planning Division, Dept of Finance for processing.

2.   Customer Number:
Enter the customer number in this field when requesting an existing customer to be modified or inactivated.

3.   Tax Remitter Number:
For use by the Department of Finance – Tax Administration Division only.

4.   Action To Be Performed:
Check appropriate block for action to be taken.

5.   For Crown Lands User Only:
This section is for **Crown Lands Division Only.**

6.   Optional:
Optional. To be completed when department requires the contact information to be entered in the Oracle Financial system

7.   Customer Name:
The customer's complete name should be printed in this field.

8.   Location (Departmental Identifier)
To be completed by all departments. Departmental Identifier should be entered in this field. Eg. FIN, GSC etc.

9.   Address:
The complete mailing address for the customer should be entered in the appropriate fields in the Address lines. Eg Street and/or Box Number, City name, Province, Country, Postal/Zip Code

10.   Department Name:
Department Name should be printed in this field. Eg Government Services & Lands

11.   Requested By:
Name of person requiring customer to be setup should be printed in this field.

12.   Phone Number:
Phone number of person requesting customer setup should be printed in this field.

13.   Approved On:
Supervisor of employee requesting this customer setup should enter approved date in this field.

14.   Approved By:
Supervisor of employee requesting this customer setup should sign this field.